

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS		10/2
O.I.P.E. CLASSIFIER		59	105
FORMALITY REVIEW	MC	71475	10/15/95

# INDEX OF CLAIMS

R ..... Rejected  
 A ..... Allowed  
 (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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